

REGISTRATION OF FOREIGN LIMITED PARTNERSHIP TO TRANSACT BUSINESS

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

Name of Limited Partnership _____

Organized under the laws of _____

Date of Formation _____

Address of Principal Office _____
Address City State Zip

Registered Agent Name: _____

Registered Office: _____ NE _____
Street Address and post office box number (if any) City Zip

Name and Mailing Addresses of each of the General Partners:

Signature of One General Partner Required

State of _____

County of _____

_____ being duly sworn on oath deposes and says that he/she is the
_____ of the below named general partner and that he/she has read
this application and knows the contents to be true as he/she believes.

General Partner

Signature

Subscribed and sworn to before me this _____ day of _____, 20____

seal

Notary Public

FILING FEE: \$215.00

Revised 7/18/2008

Neb. Rev. Stat. 67-281